

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County CambridgeCity or town Dorchester
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? entire life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No. 221 Rambler Road

(If rural, give LOCATION)

2.(a) If veteran, name war none

3. (a) FULL NAME

Oscar F. Abbott

3. (b) Social Security Number

none

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Bessie Wallace

7. Birth date of deceased (mo., day, yr.)

April 2-19006. (c) If alive, give age 35 years

8. AGE:

Years 48Months 4Days 13

If less than one day

hrs. 13

min.

9. Birthplace

Cambridge
(Town, county, and state)

10. Usual occupation

Grocery Store operator

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal, Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

19

x8

you

man

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y.m.

y.m.

y.m.

y.m.

y.m.

y.m.

MEDICAL CERTIFICATION

2D. DATE OF DEATH

August 15 1948 9:45 A.M.

2f. I CERTIFY that death occurred on the date above stated; that I attended deceased from

6/10 1948 to 8/15 1948

and that I last saw him alive on

8/15/48

Immediate cause of death

MYOCARDIAL FAILURE AND HYPERTROPHY.DUE TO CORONARY ARTERY DISEASE.

Due to

CIRRHOSIS LIVER.CHRONIC NEPHRITIS

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

NO

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Address

M. D. or other

Date signed 8/16/48

RECEIVED

AUG 19 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 25 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
Street No. 405 Henry St
(If rural, give LOCATION)
2(a) If veteran, name war

3. (a) FULL NAME

John T. Anderson

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Ida Green

7. Birth date of deceased (mo., day, yr.) Dec 28, 1881 6. (c) If alive, give age 60 years

8. AGE: Years 66 Months 7 Days 9 If less than one day hrs. min.

9. Birthplace Wicomico Co., Md.
(Town, county, and state)

10. Usual occupation Engineer, Steam Power

11. Industry or business

12. Name James T. Anderson

13. Birthplace Wicomico Co.

14. Maiden name Katherine Lewis

15. Birthplace Wicomico Co.

16. Informant Mrs Ida Anderson

Address 405 Henry St., Cambridge Md

17. (Burial, cremation, or removal. Which?) Burial Date thereof 8-9-48
(month) (day) (year)

Cemetery or cremation Dorchester Memorial Park

Location Cambridge, Md.

18. Funeral director Kenneth R. Shuman

Address Cambridge, Md

19. Aug 9th 1948 10:00 am p.m.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 7 1948 at 8:55 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2-10 1948 to 8- 1948
and that I last saw h. 15 alive on 8/6 1948

Immediate cause of death MYOCARDIAL FAILURE DURATION

Due to STARVATION -

Due to PSYCHOSES - POST OPERATIVE

Other conditions CHRONIC BRONCHITIS

(Include pregnancy within 3 months of death)

Major findings of operations ANAPLASTIC CARCINOMA

STOMACH - PERFORATION STOMACH Date of op. May 6, 1948

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: NO

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Th J Blanks M.D. or other
Address Cambridge Md Date signed 8/7/48

MARGIN RESERVED FOR BINDING

I

9-45-15M

VS A15

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AUG 10 1948

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08323

Reg. Diat. No. 116

1. PLACE OF DEATH:

County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 47 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 206 Race St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Ray A. Ayres

3. (b) Social Security Number

4. Sex male 5. Color of race white 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Jessie Hubbard

7. Birth date of deceased (mo., day, yr.) July 27-1880 6.(c) If alive, give age 65 years

8. AGE: Years 68 Months 0 Days 22 If less than one day
 hrs. min.

9. Birthplace Crisfield
 (Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name Thos. Oliver Ayres

13. Birthplace Smyrna, Del.

14. Maiden name Rebecca Welch

15. Birthplace Smyrna, Del.

16. Informant Mrs. Jessie Ayres

Address 206 Race St., Cambridge

17. Burial 8-22-48 Date thereof (month) (day) (year)

Cemetery or crematory Cambridge

Location Cambridge, Md.

18. Funeral director Kenneth R. Shuman

Address Cambridge, Md.

19. Aug. 23, 48 John M. J. M. Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 19 19 48 at 8:00 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10/16 to August 17, 19 48

and that I last saw him alive on August 19, 19 48

Immediate cause of death Myocardial Failure DURATION 2 wks

Due to Hypertensive cardio-vascular disease

Due to

Other conditions Prostatic Hypertrophy

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: no

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. J. Blanks

Cambridge Md M. D. or other

Address 8/20/48 Date signed

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AUG 24 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08329

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 monthsHospital, institution, or street address where death occurred:
Cambridge Maryland HospitalHow long in hospital or institution? 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No. 105 Franklin St.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

Peter Z. Barbaressos

3.(b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married6.(b) Name of husband or wife May Cannon Barbaressos6.(c) If alive, give age 44 years7. Birth date of deceased (mo., day, yr.) 7/1/1894.8. AGE: Years 54 Months 1 Days 18 If less than one day _____ hrs. _____ min.9. Birthplace Veon, Greece
(Town, county, and state)10. Usual occupation Restaurant operator
Food

11. Industry or business

12. Name Henry P. Barbaressos
Greece

13. Birthplace

14. Maiden name Not known

15. Birthplace

16. Informant Mrs. May Cannon Barbaressos
Cambridge, Maryland.
Address17. Burial Baltimore Date thereof 8/23/48
(Burial, cremation, or funeral, which) (month) (day) (year)Cemetery or crematory BaltimoreLocation Baltimore18. Funeral director Le Compte Funeral Service
Cambridge, Maryland
Address19. 8-20-48 John Mace, Jr. M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 20, 1948 at 4:45 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 18, 1948 to Aug 20, 1948
and that I last saw him alive on Aug 17, 1948Immediate cause of death Respiratory failure DURATION 4 hrsDue to Cerebral hemorrhage 2 daysDue to Coronary artery occlusion 2 days

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Layman MaysAddress Cambridge Md. Date signed 8/20/48

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AUG 21 1948

BUREAU V. S.

Dr. Bunker

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

95C

Reg. Dist. No.

116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

Cambridge Maryland HospitalHow long in hospital or institution? 1 Day

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. 204 Hayward Street

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

Joseph Wilbur Burton, Jr.

3.(b) Social Security Number

- - - -

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Single

MEDICAL CERTIFICATION

20. DATE OF DEATH August 8, 1948 at 10:P.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

August 2, 1948 to Aug 8, 1948and that I last saw him alive on August 8, 1948

Immediate cause of death

Pan carditis

DURATION

3 weeks

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 16, 1945

8. AGE:

Yeare

Months

Days

If less than one day

3322

hrs.

min.

9. Birthplace Cambridge, Dor. Co., Maryland

(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name Joseph Wilbur Burton13. Birthplace Maryland14. Maiden name Lavenia Adkinson15. Birthplace Maryland16. Informant Mr. J. W. BurtonAddress Cambridge, Maryland17. Burial Date thereof Aug. 11, 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory Dorchester Memorial ParkLocation Cambridge, Maryland.18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. 8-11 x8 John Mace, Jr. M.

(Date rec'd by registrar)

Registrar

23. SIGNATURE

Alfred E. Bunker

M. D. or other

Address

Date signed

Cambridge, Md 8/10/48

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AUG 12 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:
County Dorchester
City or town Rural-Cambridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
Ross Neck RFD # 3
How long in hospital or institution? - - - -

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Rural-Cambridge
(If outside city or town limits, write RURAL and give nearest town)
Street No. Ross Neck--RFD # 3
(If rural, give LOCATION)
2.(a) If veteran, name war - - - -

3.(a) FULL NAME
Mary Elizabeth Burton

3.(b) Social Security Number
- - -

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed
6.(b) Name of husband or wife John Robert Burton
Died--Oct. 1936 6.(c) If alive, give age - - - years
7. Birth date of deceased (mo., day, yr.) July 13, 1863
8. AGE: Years 85 Months 1 Days 13 If less than one day - - - hrs. - - - min.

9. Birthplace RFD # 3, Cambridge, Maryland
(Town, county, and state)

10. Usual occupation Domestic

11. Industry or business Home

12. Name Robert J. Wright

13. Birthplace Maryland

14. Maiden name Sarah Ellen "Wright"

15. Birthplace Maryland

16. Informant Mrs. Ellen N. Rhea

Address RFD # 3, Cambridge, Maryland

17. Burial Date thereof Aug. 28, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Greenlawn Cemetery

Location Cambridge, Maryland

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. 8-30 19 48 John Mace J. M.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 26, 1948, 9:30 A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 1947 to August 1948

and that I last saw her alive on August 26, 1948

Immediate cause of death Carcinoma of Colon

DURATION

? 5 years

Due to -

Due to -

Other conditions -

(Include pregnancy within 8 months of death)

Major findings of operations -

Date of op. -

Autopsy results -

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide - Date of -

Where did injury occur? - (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) -

Means of injury - Injured at work? -

23. SIGNATURE Hugh Brown M.D. M. D. or other

Address Cambridge Md Date signed 8/27/48

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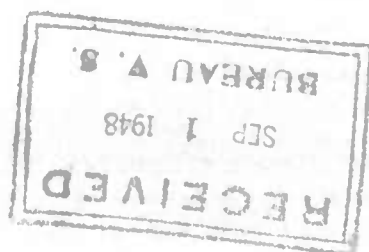
VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

08331

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 117

1. PLACE OF DEATH:

County Dorchester.
 City or town Drawbridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Lifetime.
 Hospital, institution, or street address where death occurred:
At home.
 How long in hospital or institution? No.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland. County Dorchester
 City or town Drawbridge.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. -----
 (If rural, give LOCATION)
 2. (a) If veteran, name war No.

3. (a) FULL NAME

Alexander Campbell

3. (b) Social Security Number

4. Sex Male 5. Color or race Col 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Sarah Campbell
 6. (c) If alive, give age 69 years
 7. Birth date of deceased (mo., day, yr.) June 18 1875 1845
 8. AGE: Years 73 Months 4 Days 2 If less than one day ----- hrs. ----- min.

9. Birthplace Draw Bridge Md
 (Town, county, and state)
 10. Usual occupation farmer
 11. Industry or business none
 12. Name Alexander Campbell
 13. Birthplace md
 14. Maiden name Arribell Standley
 15. Birthplace md

16. Informant Alexander Campbell
 Address Cambridge Rd 1
Salt Ponding Aug 20
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory South Goding
 Location Draw Bridge
 18. Funeral director Elmer P. Payne
 Address Cambridge Rd
 19. Aug 18 19 48 Elizabeth W. Craft
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 18 19 48 at 2 A. M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1 19 48 to August 16 19 48
 and that I last saw him alive on August 16 19 48

Immediate cause of death Uremia.
Interstitial Nephritis.

DURATION
18 Mos.

Due to Cold, exposure, hard work,

Due to -----
 Other conditions -----

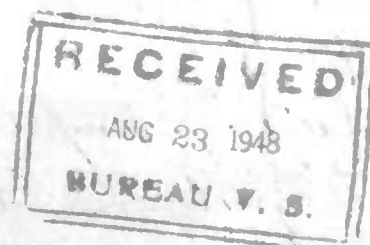
(Include pregnancy within 3 months of death)

Major findings of operations ----- Date of op. -----

Autopsy results -----
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide ----- Date of -----
 Where did injury occur? ----- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) -----
 Means of injury ----- Injured at work? -----
 Signature Edward E. Lanckin
Edward E. Lanckin, M.D. Vienna, Md.
 Date signed -----



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

53

08333

CERTIFICATE OF DEATH

Reg. Dist. No. 111

1. PLACE OF DEATH:

County WashingtonCity or town Washington
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Thomas H. Dean

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

Dec 7 1864

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace

(Town, county, and state)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. (Burial, cremation, or removal, Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19. Aug. 31 1948
(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH

August 30

19

48, at 2:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

January 1948 to August 1948
and that I last saw him live on August 29, 1948

Immediate cause of death

Carcinoma of face

DURATION

5 years

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, list in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

W. Harrison MD

M. D. or other

Address

Hurlock Md.

Date signed

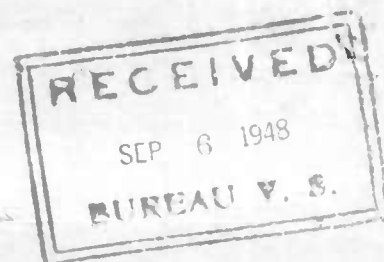
8/31/48

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VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester County
 City or town Rural Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1yr 15days
 Hospital, institution, or street address where death occurred:
Eastern Shore State Hospital
 How long in hospital or institution? 1yr 15days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Wicomico
 City or town Salisbury
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Unknown
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

WILLIAM DRYDEN

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed
 6.(b) Name of husband or wife Flora Niekelson
 7. Birth date of deceased (mo., day, yr.) (Unknown) SEPT. 26, 1887 6.(c) If alive, give age 57 years
 8. AGE: Years 60 Months 11 Days 1 It less than one day hrs. min.

MEDICAL CERTIFICATION

2D. DATE OF DEATH August 27th 1948 19 48 at 4:35 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 13th 1948 19 48 and that I last saw him alive on August 27th 1948 19 48

Immediate cause of death Cerebral Hemorrhage DURATION 72hrs

Due to Arteriosclerosis 10yrs

Due to Neuro Syphilis at least 5yrs

Other conditions Psychosis from progressive cerebral arteriosclerosis
 (Include pregnancy within 3 months of death)

Major findings of operations None Date of op.

Autopsy results None
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide None Date of None
 Where did injury occur? None (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) None
 Means of injury None Injured at work? None

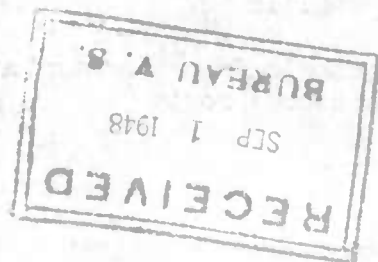
23. SIGNATURE Robert Bertrand May MD M. D. or other MD
 Address Cambridge Md Date signed 8-28-48

9. Birthplace Somerset County, Maryland
 (Town, county, and state)
 10. Usual occupation Boilermaker
 11. Industry or business None
 12. Name Sam D. Dryden
 13. Birthplace Worcester County
 14. Maiden name Anne Rueark
 15. Birthplace Worcester County, Maryland
 16. Informant Records of Eastern Shore State Hospital
 Address Rural Cambridge, Maryland
 17. BURIAL Date thereof Aug. 28, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory EASTERN SHORE HOSPITAL CEMETERY
 Location CAMBRIDGE, MARYLAND
 18. Funeral director LECOMPT'S FUNERAL SER.
 Address CAMBRIDGE, MARYLAND
 19. 8/28/48 19 48 John Wace, Jr. M.D.
 (Date signed by registrar) Registrar

MARGIN RESERVED FOR BINDING

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, the correct age is especially important. Physicians: please write the causes of death clearly and legibly.



1948-8-27
20
60-11-1
1887-9-26

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08335

Reg. Dist. No. 116

1. PLACE OF DEATH:

County d Dorchester
City or town Rural Golden Hill
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? lifetime
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Dorchester
City or town Rural, Golden Hill
(If outside city or town limits, write RURAL and give nearest town)
Street No. XRTTXX
(If rural, give LOCATION)
2. (a) If veteran, name war

3. (a) FULL NAME

Elizabeth A. Bessie Dunnock

3. (b) Social Security Number

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced Single
6. (b) Name of husband or wife:
7. Birth date of deceased (mo., day, yr.) Oct. 11, 1876 6. (c) If alive, give age years
8. AGE: Years 71 Months 10 Days 2 If less than one day
hrs. min.

9. Birthplace Golden Hill, Md.
(Town, county, and state)
10. Usual occupation Domestic
11. Industry or business

12. Name Richard I. Dunnock
13. Birthplace Md.
14. Maiden name Emma Mc Clain
15. Birthplace Unknown

16. Informant Mrs Henry Wallace
Address Taylors Island, Md.

17. Burial Date thereof August 16, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory St Mary's Star of The Sea
Location Golden Hill, Md.

18. Funeral director Le Comptes Funeral Service
Address Cambridge, Md.

19. Aug. 16, 48 John Mace, Jr. M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 13 August 19 48 at 1.45 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4 DEC. 19 47 to 12 AUG 19 48
and that I last saw him alive on 12 AUG 19 48

Immediate cause of death UNDULANT FEVER DURATION

Due to

Due to

Other conditions POSSIBLE CARCINOMA OF STOMACH
(Include pregnancy within 3 months of death)

Major findings of operations Date of op.

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John Mace, Jr. M.D. M. D. or other
Address 105 Church St. Cambridge, Md. Date signed Aug 16, 48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

AUG 17 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Write the correct age especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 30 Years

Hospital, institution, or street address where death occurred:

Cambridge Maryland HospitalHow long in hospital or institution? 6 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No. 415 Willis Street

(If rural, give LOCATION)

2. (a) If veteran, name war - - - -

3. (a) FULL NAME

Blanche Virginia Sewell Gray

3. (b) Social Security Number

- - - -

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
<u>Female</u>	<u>White</u>	<u>Married</u>

6. (b) Name of husband or wife Oliver T. Gray6. (c) If alive, give age 54 years7. Birth date of deceased (mo., day, yr.) Oct. 14, 1896

8. AGE:	Years	Months	Days	If less than one day
	<u>51</u>	<u>10</u>	<u>13</u>	<u>hrs. min.</u>

8. Birthplace Crapo, Dorchester Co., Md.
(Town, county, and state)10. Usual occupation Domestic11. Industry or business Home12. Name Clarence D. Sewell13. Birthplace Maryland14. Maiden name Ada Wingate15. Birthplace Maryland18. Informant Mr. Oliver T. GrayAddress Cambridge, Maryland17. Burial Date thereof Aug. 29, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Greenlawn CemeteryLocation Cambridge, Maryland.18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. Aug. 31, 1948 x P John MacG. J. M.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 27, 1948 at 9:30 PM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 20, 1948 to August 27, 1948and that I last saw him alive on August 27, 1948Immediate cause of death Terminal BronchoPneumonia + myocardial failureDiabetes mellitusDue to Diabetic acidosisHypertensive CardiovascularDue to Renal DiseaseRenal Failure + uremiaOther conditions Ecchymosis

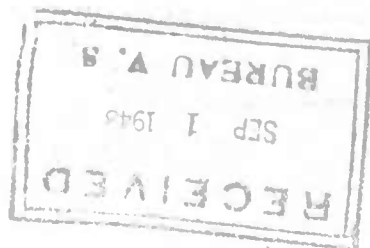
(Include pregnancy within 3 months of death)

Major findings of operations NoneDate of op. NoneAutopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes fill in the following:

Accident, suicide, or homicide None Date of NoneWhere did injury occur? None (City or town) (County) (State)Injured at home, farm, industry, public place (where?) NoneMeans of injury None Injured at work? NoneSignature Eldridge H. WaffordAddress Chesapeake Md. Date signed 8-29-48M. D. or other None



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? One Week

Hospital, institution, or street address where death occurred:

Hambrooks Blvd.How long in hospital or institution? - - - -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Virginia County VirginiaCity or town Virginia Beach
(If outside city or town limits, write RURAL and give nearest town)Street No. - - - -
(If rural, give LOCATION)2.(a) If veteran, name war - - - - ✓

3.(a) FULL NAME

Rev. John Compton Humble

3.(b) Social Security Number

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married

6.(b) Name of husband or wife

Elizabeth Walters

7. Birth date of deceased (mo., day, yr.)

Jan. 28, 18736.(c) If alive, give age - years

8. AGE:

Years

75

Months

6

Days

16

If less than one day

hrs. -min. -

9. Birthplace

Randolph County, North Carolina

(Town, county, and state)

10. Usual occupation

Retired Minister

11. Industry or business

" " "FATHER
MOTHER

12. Name

Daniel Humble

13. Birthplace

North Carolina

14. Maiden name

Lydia Humble

15. Birthplace

North Carolina

16. Informant

Mrs. Stacy Lewis

Address

Cambridge, Maryland.

17.

Burial

(Burial, cremation, or removal, Which?)

Date thereof

Aug. 17, 1948

(month) (day) (year)

Cemetery or crematory

Lodis Creek Cemetery

Location

Siler City, North Carolina

18. Funeral director

LeCompte's Funeral Service

Address

Cambridge, Maryland.

19.

Aug. 23, 1948

(Date rec'd by registrar)

John Macej. m.

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 14, 1948, 11:30P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

- - - - 19 - - - - 19 - - - - 19and that I last saw h. - - - - alive on - - - - 19 - - - - 19

Immediate cause of death

Angina Pectoris

DURATION

10 yrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide - - - - Date of - - - -Where did injury occur? - - - - (City or town) - - - - (County) - - - - (State)Injured at home, farm, industry, public place (where?) - - - -Means of injury - - - -Injured at work? - - - -

23. SIGNATURE

J. K. Shriver, Dep. Med. Exam.
M. D. or other - - - -Address Cambridge, Md. Date signed Aug. 15/48

RECEIVED

AUG 24 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Honoluhia
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 40 years
Hospital, institution, or street address where death occurred: Cambridge Md. Hospital
How long in hospital or institution? 10 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
Street No. 1614 Street
(If rural, give LOCATION)
2.(a) If veteran, name war none

3. (a) FULL NAME

R. Leland Insley

3. (b) Social Security Number

none

4. Sex Male 5. Color or race white 6.(a) Single, married, widowed, or divorced Divorced

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Apr 30 - 1891 6.(c) If alive, give age 57 years

8. AGE: Years 57 Months 3 Days 28 If less than one day hrs. min.

9. Birthplace Lakesville, Dor Co.
(Town, county, and state)

10. Usual occupation Grocery Store Operator - later

11. Industry or business Clerk Md unemployed since

12. Name R. L. Insley

13. Birthplace Dor Co.

14. Maiden name Gertrude Robbins

15. Birthplace Dor Co.

16. Informant E. Lee Langford

Address 1304 E. Belvidere Ave, Balt

17. Buried Date thereof 8-31-'48
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Cambridge Md.

Location Keeneth R. Showers

18. Funeral director Cambridge, Md

Address 8-31

19. 48 John Mace, Jr. M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 28 19 48 at 12:30 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 19 48 to Aug 28 19 48
and that I last saw him alive on Aug 28 19 48

Immediate cause of death Left Lung - pneumonia
Right lung - middle & lower lobe
Fluke. DURATION 2 days

Due to

Due to

Other conditions Chronic Myocarditis 10 yrs.
and epileptic fits 20 yrs.
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

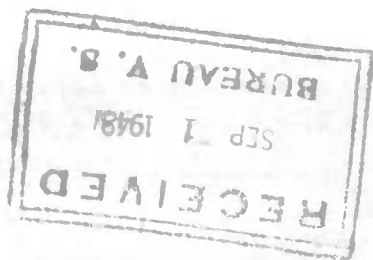
23. SIGNATURE Hugh Brown M.D. M. D. or other

Address Cambridge, Md. Date signed 8/30/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
4 West End Avenue
 How long in hospital or institution? - - - - -

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 4 West End Avenue
 (If rural, give LOCATION)
 2.(a) If veteran, name war - - - - -

3. (a) FULL NAME

Thomas Reginald Johnson, Sr.

3. (b) Social Security Number

-

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Buth Bell Adams
 7. Birth data of deceased (mo., day, yr.) Oct. 16, 1892. 6.(c) If alive, give age 55 years
 8. AGE: Years 55 Months 9 Days 24 If less than one day
hrs.min.

9. Birthplace Cambridge, Dor. Co., Maryland.
 (Town, county, and state)

10. Usual occupation Ship & Wharf Building

11. Industry or business II II II

12. Name George T. Johnson
 13. Birthplace Maryland
 14. Maiden name Martha Ann Sinclair
 15. Birthplace Maryland

16. Informant Mrs. Ruth Johnson
 Address Cambridge, Maryland

17. Burial Date thereof Aug. 12, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Dorchester Memorial Park
 Location Cambridge, Maryland

18. Funeral director LeCompte's Funeral Service
 Address Cambridge, Maryland.

19. Aug. 13, 1948 John Mace, Jr.
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 10, 1948, at 3:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8-10 1948 to 8/10 1948
 and that I last saw him alive on 8-10 1948

Immediate cause of death CORONARY ARTERY THROMBOSIS DURATION 90 min.

Due to

Due to

Other conditions CHR. BRONCHITIS

(Include pregnancy within 3 months of death)

Major findings of operations.....

.....Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: NO

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [Signature] M. D. or other 8/10/48
 Address Cambridge, Md. Date signed

RECEIVED

AUG 14 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County..... Dorchester
 City or town..... Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 1 day
 Hospital, institution, or street address where death occurred:
Cambridge-Maryland Hospital
 How long in hospital or institution?..... 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Dorchester
 City or town..... Vienna
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... X
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

William Johnson

3. (b) Social Security Number

4. Sex

male

5. Color or race

colored

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

6. (c) If alive, give age..... years

7. Birth date of

deceased (mo., day, yr.) August 2, 1900

8. AGE:

Years

Months

Days

If less than one day

48X26

hrs.

min.

9. Birthplace

Newport News, Va
(Town, county, and state)

10. Usual occupation

Gen. Laborer

11. Industry or business

Factory

FATHER

12. Name

Unknown

13. Birthplace

MOTHER

14. Maiden name

Rose Johnson

15. Birthplace

Newport News, Va

16. Informant

Rose Wilson

Address

Vienna Dor Co. Md

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof.....

(month) (day) (year)

Cemetery or crematory

Vienna Cemetery

Location

Vienna, Dor. Co., Md

18. Funeral director

Herbert M. St. Clair Jr

Address

Cambridge Dor Co. Md

19. (Date rec'd by registrar)

9-219XPSJohn M. St. Clair Jr1948191948191948191948191948191948191948191948191948191948191948191948191948

MEDICAL CERTIFICATION

20. DATE OF DEATH..... August 28, 1948 11-55P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

X X19X X19

and that I last saw him..... alive on.....

X X19

Immediate cause of death.....

Injury to Brain

DURATION

10 hrs.Due to..... Fracture of skull

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

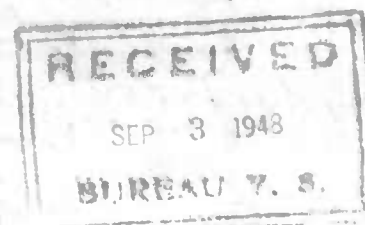
Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... homicide..... Date of..... Aug. 28/48Where did injury occur?..... Vienna..... Dor...... Md.
(City or town) (County) (State)Injured at home, farm, industry, public place (where?)..... canning house
struck over head with club..... Injured at work?..... yesJ. H. Shiver - Dep. Med. Exam.
M. D. or otherAddress..... Cambridge, Md...... Date signed..... Aug. 29/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
City or town Rural Cambridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 6 days
Hospital, institution, or street address where death occurred:
Eastern Shore State Hospital
How long in hospital or institution? 6 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Queen Anne's
City or town Price, Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2. (a) If veteran, name war _____ No

3. (a) FULL NAME

WILLARD JONES

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife Rachel Moore

7. Birth date of deceased (mo., day, yr.) (Unknown) MAY 10, 1960 6. (c) If alive, give age _____ years

8. AGE: Years 88 Months 2 Days 21 If less than one day _____ hrs. _____ min.

9. Birthplace Kent County Delaware
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business None

12. Name George Jones

13. Birthplace Delaware

14. Maiden name Louisa Hudgins

15. Birthplace Delaware

16. Informant Records of Eastern Shore State Hosp.

Address Rural Cambridge, Maryland

17. Burial Date thereof 8/14/48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Greensboro

Location Greensboro, Md.

18. Funeral director R. B. Rawlings

Address Greensboro, Md.

19. Aug. 2 19 48 John Moore, Jr. M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 1st 1948 19 48 at 7:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 27th 1948 19 48 to August 1st 1948 19 48 and that I last saw him alive on August 1st 1948 19 48

Immediate cause of death Cerebral Hemorrhage DURATION 3 days

Due to Atherosclerosis 15 yrs

Due to Hypertension 10 yrs

Other conditions Senile psychosis

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, pub'c place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Robert Betland May, M.D. M. D. or other _____

Address Cambridge, Maryland Date signed 8-1-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1868-5-10

1948-8-X
88-2-21

RECEIVED

AUG 4 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Rural-Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 33 YearsHospital, institution, or street address where death occurred:
Home-RFD # 2

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Rural-Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No. RFD # 2
(If rural, give LOCATION)

2.(a) if veteran, name war

3.(a) FULL NAME

Dora Augusta Willey Neal

3.(b) Social Security Number

- - -

4. Sex <u>Female</u>	5. Color or race <u>White</u>	6.(a) Single, married, widowed, or divorced <u>Married</u>
6.(b) Name of husband or wife <u>Joseph W. Neal, Sr.</u>		
6.(c) if alive, give age <u>60</u> years		
7. Birth date of deceased (r) <u>Dec. 21, 1890.</u>		
8. AGE:	Months <u>8</u>	Days <u>10</u> hrs. min.

9. Birthplace Cambridge, Maryland
(Town, county, and state)10. Usual occupation Domestic11. Industry or business Home12. Name William Edward Willey13. Birthplace Maryland14. Maiden name Sarah E. Smith15. Birthplace Maryland18. Informant Mr. Joseph W. NealAddress RFD # 2, Cambridge, Maryland17. Burial Date thereof Sept. 2, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Dorchester Memorial ParkLocation Cambridge, Maryland.18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. 9-3- 1948 John Mace, Jr. m
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 31, 1948, at 12:45P21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
10 MAY 1948 to 30 AUG 1948and that I last saw her alive on 30 AUG 1948Immediate cause of death ARTHRITIS DURATION

Due to

Due to

Other conditions MALNUTRITION

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Walter E. Hunt, Jr. M.D. M. D. or otherAddress 103 Church St. Cambridge, M.D. Date signed Sept 48

MARGIN RESERVED FOR BINDING

I

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

SEP 7 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

08343

94a

1. PLACE OF DEATH:

County..... Dorchester
 City or town..... Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... all of life
 Hospital, institution, or street address where death occurred:
46 Park Lane
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Dorchester
 City or town..... Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... 46 Park Lane
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Bernie Purnell Ross

3. (b) Social Security Number

4. Sex..... male
 5. Color or race..... colored
 6.(a) Single, married, widowed, or divorced..... single
 6.(b) Name of husband or wife..... X
 6.(c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.)..... Feb. 19, 1914
 8. AGE: Years..... 34 Months..... 6 Days..... 9 If less than one day..... hrs. min.

9. Birthplace..... Dor. Co., Maryland
 (Town, county, and state)
 10. Usual occupation..... Laborer
 11. Industry or business..... General
 12. Name..... Major Ross
 13. Birthplace..... Maryland
 14. Maiden name..... Florence Travers
 15. Birthplace..... Maryland

16. Informant..... Florence Ross
 Address..... 46 Park Lane - Cambridge
 17. Burial Date thereof..... 9-1-48
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory..... Shiloh City Cemetery
 Location..... Cambridge, Maryland
 18. Funeral director..... Lewis H. Bayneum
 Address..... Cambridge, Maryland

19. 9-1 19 48 John Mace, Jr. M.D.
 (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... August 28, 1948 at 10-30 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
X X.....19....., to..... X X.....19.....
 and that I last saw him..... X..... alive on..... X X.....19.....

Immediate cause of death.....
Disease of Coronary Arteries..... died
sudden

Due to..... Alcoholism
 Due to..... Heat

Other conditions..... Bronchial Asthma..... several
years

(Include pregnancy within 3 months of death)

Major findings of operations.....
 Date of op.....

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur?..... (City or town)..... (County)..... (State).....
 Injured at home, farm, industry, public place (where?).....
 Means of injury..... Injured at work?.....

23. SIGNATURE..... John H. Shriver, Dep. Med. Exam.
 M. D. or other
 Address..... Cambridge, Md. Date signed..... Aug. 29, 1948

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

SEP 3 1948

BUREAU 7. 2.

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08344

167

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Twenty years
 Hospital, institution, or street address where death occurred:
Cambridge, Md. Hospital
 How long in hospital or institution? Few Hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Cor. Washington & High Sts.
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

BROOKSIE ROSS

3. (b) Social Security Number

217-10-8120

4. Sex Female 5. Color or race Negro 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) April 14, 1918 6. (c) If alive, give age..... years

8. AGE: Years 30 Months 3 Days 19 If less than one day..... hrs. min.

9. Birthplace Crape, Dor. Co. Maryland
 (Town, county, and state)

10. Usual occupation General Laborer11. Industry or business Factory12. Name Philmore Ross13. Birthplace Hoopersville, Dor. Co Md.14. Maiden name Arie Slacum15. Birthplace Crape, Dor. Co. Md.16. Informant Arie WeatherlyAddress Cambridge, Maryland17. Burial Burial Date thereof Aug. 5, 1948

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Waugh CemeteryLocation Cambridge, Maryland18. Funeral director Herbert M. St. Clair, Jr.Address Cambridge, Maryland19. Aug. 4, 1948 John Mace Jr. M.D.

(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 3, 1948 at 5-40 A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from..... 19..... to..... 19.....

and that I last saw him..... alive on..... 19.....

Immediate cause of death..... DURATION

Stab Wound in chest 2 1/2 hrs.

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide homicide Date of Aug 3/48Where did injury occur? Cambridge, Dor. Co. Maryland
 (City or town) (County) (State)Injured at home, farm, industry, public place (where?) Lincoln TerraceMeans of Injury Stab in chest Injured at work? No23. SIGNATURE Dr. H. Shriver, Dep. Med. Exam
 M. D. or otherAddress Cambridge, Md. Date signed Aug 5/48

RECEIVED

AUG 5 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Do not correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:

County... DorchesterCity or town... Cambridge Rural
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 3 months, 13 daysHospital, institution, or street address where death occurred:
Eastern Shore State HospitalHow long in hospital or institution? 3 months, 13 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WicomicoCity or town... Salisbury
(If outside city or town limits, write RURAL and give nearest town)Street No. 415 Davis Street
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Leon Wesley Shaw

3. (b) Social Security Number

unknown

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
<u>male</u>	<u>white</u>	<u>single</u>

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) February 3, 1980

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>6</u>	<u>28</u>	hrs. min.

9. Birthplace New York State
(Town, county, and state)10. Usual occupation laborer

11. Industry or business

FATHER	12. Name	<u>Wesley Harrison Shaw</u>
	13. Birthplace	<u>New York</u>

MOTHER	14. Maiden name	<u>Mary Amelia Benedict</u>
	15. Birthplace	<u>New York</u>

16. Informant Eastern Shore State Hospital Records
Address Cambridge, Maryland17. Burial Date thereof 9/3/48
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Hillcrest
Location Federalburg, Md.18. Funeral director The Hill & Johnson Co.
Address Salisbury, Md.19. Sept. 2, 48 Louise Strong Taylor
(Date rec'd by registrar) Registrar

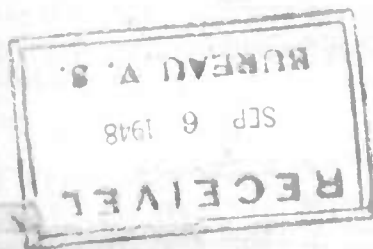
MEDICAL CERTIFICATION

20. DATE OF DEATH August 31 19 48, at 12:04 p.m.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 18 19 48, to Aug. 31 19 48and that I last saw him alive on Aug. 31 19 48Immediate cause of death Senility DURATION 5 yrs.Due to arteriosclerosis with progressive cerebral arteriosclerosisDue to general paralysis of the insane 11/1/48 amsOther conditions Psychosis with mental deterioration.
(Include pregnancy within 8 months of death)

Major findings of operations Date of op.

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Whom did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?23. SIGNATURE Robert B. May, M.D. Date signed 8/31/48
Address E.S.S.H. Cambridge, Md.

For authorization to delete line from cause of death see letter from
Dr. May, Supt. of the ESSHosp. on file in Bureau of C.D. - 11/1/48 ams



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08346

Reg. Dist. No. 116

1. PLACE OF DEATH:
County Dorchester
City or town Rural Cambridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 month 8 days
Hospital, institution, or street address where death occurred:
Eastern Shore State Hospital
How long in hospital or institution? 1 month 8 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
Street No. 15 Central Avenue
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

LAURA THOMAS

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
6. (b) Name of husband or wife Howard Thomas
6. (c) If alive, give age 69 years
7. Birth date of deceased (mo., day, yr.) May 16, 1876
8. AGE: Years 72 Months 3 Days 1 If less than one day, give hrs. min.

9. Birthplace Seaford, Delaware
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business None

12. Name Isaac Taylor
13. Birthplace Seaford, Delaware
14. Maiden name Mary Holt
15. Birthplace Seaford, Delaware

16. Informant Records Eastern Shore State Hospital
Address Rural Cambridge, Maryland

17. Burial Date thereof 8 19 1948
(Burial, cremation, or removal, which?) (month) (day) (year)
Cemetery or place of interment Cambridge
Location Cambridge Ind

18. Funeral director Kenneth P. Thomas
Address Cambridge Ind

19. Aug. 17, 48 John Mace, Jr. M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 17th 19 48 at 3:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 10th 19 48 to August 7 19 48
and that I last saw him/her alive on August 17th 19 48

Immediate cause of death Cerebral Hemorrhage

Due to Arteriosclerosis with 20 yrs
Hypertension
Due to Diabetes 20 yrs

Other conditions Senility and debility

(Include pregnancy within 5 months of death)

Major findings of operations Senility and debility
Date of op.

Autopsy results Senility and debility
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Senility and debility Date of Aug. 17, 48
Where did injury occur? Cambridge Ind (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) Cambridge Ind
Means of injury Senility and debility Injured at work?

23. SIGNATURE Robert Bertrand May, M.D. M. D. or other
Address Cambridge, Ind Date signed 8-17-48

MARGIN RESERVED FOR BINDING

VS A151 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Do not check off age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

AUG 20 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08347

Reg. Dist. No. 116

1. PLACE OF DEATH: Dorchester
 County.....
Cambridge
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
220 Pine Street
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 220 Pine Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

JOHN CAMPER WATERS

3. (b) Social Security Number

4. Sex Male 5. Color or race Negro 6.(a) Single, married, widowed, or divorced Single
 6.(b) Name of husband or wife.....
 7. Birth date of deceased (mo., day, yr.) April 2, 1901 6.(c) If alive, give age..... years
 8. AGE: Years 47 Months 4 Days 20 If less than one day..... hrs. min.

9. Birthplace Cambridge, Dor. Co., Md.
 (Town, county, and state)
 10. Usual occupation Unemployed
 11. Industry or business.....
 12. Name Wilbur Waters
 13. Birthplace Upper Hill, Som., Co. Md
 14. Maiden name Grace Camper
 15. Birthplace Cambridge, Dor. Co. Md

16. Informant Mrs. Sarah Jenkins
 Address Cambridge, Dor. Co. Md.
 17. Burial Date thereof Aug. 25, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Waugh Cemetery
 Location Cambridge, Dor. Co. Md.
 18. Funeral director Herbert M. St. Clair, Jr.
 Address Cambridge, Maryland

19. 8-25-48 John Mace, Jr. M.D.
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-22-48 19 48, at 3:30 M
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 14, 19 48, to Aug. 22, 19 48
 and that I last saw him alive on Aug. 22, 19 48

Immediate cause of death Pulmonary abscess
from tuberculosis
 Due to.....
 Due to.....
 Other conditions left pneumonectomy
 (Include pregnancy within 3 months of death)

Major findings of operations.....
 Date of op.

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur?.....
 (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?).....
 Means of injury..... Injured at work.....

23. SIGNATURE J. Edwin Farrell M. D. or other
300 Main Cambridge Date signed 8-24-48
 Address.....

RECEIVED

AUG 26 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

83a

08348

Reg. Diat. No. 6

1. PLACE OF DEATH:

County..... Dorchester
 City or town..... Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 6 months
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State..... Maryland County..... Dorchester
 City or town..... Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... 300 Locust
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Jennie K. Welch

3. (b) Social Security Number

none

4. Sex

Female

5. Color or race

white

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Charles B. Welch

7. Birth date of deceased (mo., day, yr.)

June 28-1881

6. (c) If alive, give age..... years

67

8. AGE:

67

Years

2

Months

Days

28

If less than one day

hrs.

min.

9. Birthplace

Glassboro NJ.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Wm. Greener

MOTHER FATHER

12. Name

New Jersey

13. Birthplace

Hanish

14. Maiden name

New Jersey

15. Birthplace

Charles B. Welch

16. Informant

300 Locust St. Cambridge Md.

17. (Burial, cremation, or removal. Which?)

Burial

Date thereof

8-28-48

Cemetery or crematory

Dorchester Memorial Park

Location

Cambridge Md.

18. Funeral director

Reverend R. Shaw

Address

Cambridge Md.

19. (Date rec'd by registrar)

8-3048John M. J. M.

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Aug 26

19

48 at noon

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
March 9, 1948 to August 26, 1948
 and that I last saw her alive on August 26, 1948

Immediate cause of death

Myocardial Failure

DURATION

1 day.

Due to

Cerebral Hemorrhage2 yrs. ?

Due to

Suppurative PylonephritisUnknown.

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

Signature

Lawrence Maryanov, M.D.

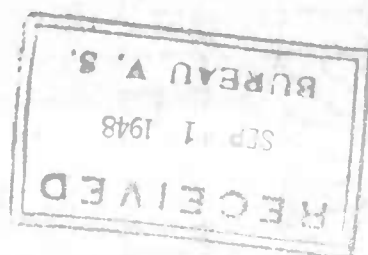
M. D. or other

Address

136 Race St. Cambridge

Date signed

8-27-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: **Dorchester**
 County.....
 City or town..... **Cambridge**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... **Life**
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State..... **Maryland** County..... **Dorchester**
 City or town..... **Cambridge**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. **115 Pine Street**
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

FRANCIS CALVIN WILSON

3. (b) Social Security Number

220-01-7669

4. Sex..... **Male** 5. Color or race..... **Negro** 6. (a) Single, married, widowed, or divorced..... **Married**
 6. (b) Name of husband or wife..... **Cursell Elliott Wilson**
 7. Birth date of deceased (mo., day, yr.)..... **August 11, 1919** 6. (c) If alive, give age..... **26** years
 8. AGE: Years..... **29** Months..... Days..... If less than one day..... hrs. min.

9. Birthplace..... **Cambridge, Dor. Co., Maryland**
 (Town, county, and state)
 10. Usual occupation..... **General Laborer**
 11. Industry or business..... **Factory**

12. Name..... **Francis C. Meekins Sr.**
 13. Birthplace..... **Cambridge, Dor. Co. Maryland**
 14. Maiden name..... **Louise Wilson**
 15. Birthplace..... **Cambridge, Dor. Co. Maryland**

16. Informant..... **Louise Wilson**
 Address..... **Cambridge, Dor. Co. Maryland**
 17. **Burial** Date thereof..... **Aug. 15, 1948**
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory..... **Bethel Cemetery**
 Location..... **Cambridge, Dor. Co. Maryland**

18. Funeral director..... **Herbert M. St. Clair, Jr.**
 Address..... **Cambridge, Maryland**

19. **Aug. 12, 48** **John Mace, Jr., M.D.**
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... **August 11** 19. **48**, at **4** a. m.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Oct. 2 19. **47**, to **Aug 6** 19. **48**
 and that I last saw him alive on **August 6** 19. **48**

Immediate cause of death.....
Epilepsy (idiopathic)

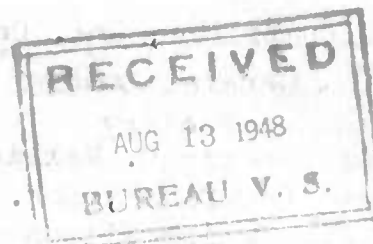
Due to.....
 Due to.....
 Other conditions.....
 (Include pregnancy within 3 months of death)

Major findings of operations.....
 Date of op.

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur?..... (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury..... Injured at work?

23. SIGNATURE..... **Edwin Fawcett** M. D. or other
 Address..... **Cambridge, Md.** Date signed..... **8-11-48**



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 22 YearsHospital, institution, or street address where death occurred:
Cambridge Maryland HospitalHow long in hospital or institution? 5 Hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No. 203 Franklin Street
(If rural, give LOCATION)

2.(a) Is veteran, name war _____

3. (a) FULL NAME

Jennie Ellingsworth Wright

3. (b) Social Security Number

4. Sex <u>Female</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>Widowed</u>
-------------------------	----------------------------------	--

6. (b) Name of husband or wife Richard W. Long

Samuel W. Wright 6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) March 20, 1858

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>5</u>	<u>1</u>	_____ hrs. _____ min.

9. Birthplace Millsboro, Delaware
(Town, county, and state)10. Usual occupation Taxi Service11. Industry or business II II12. Name Thomas Ellingsworth13. Birthplace Delaware14. Maiden name Sadie Hudson15. Birthplace Delaware16. Informant Mr. Jack LongAddress 3818 10th St., Baltimore, Md.17. Burial Aug. 24, 1948

(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory Dorchester Memorial ParkLocation Cambridge, Maryland.18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. Aug. 24, 1948 John Mace Jr. M.D.

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 21, 1948 at 7:50 P.M.21. I CERTIFY that death occurred on the date above stated: that I attended deceased from July 45 to Aug 21 1948and that I last saw him alive on August 21 1948Immediate cause of death Coronary ThrombosisDURATION 1 1/2 days

Due to _____

Due to _____

Other conditions Colitis

2 yrs.

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Albert E. Bunker M.D.

M. D. or other _____

Address 9 Race St. Cambridge, Md. 8-23-48

RECEIVED

AUG 26 1948

BUREAU V. S.